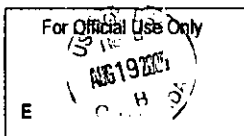


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



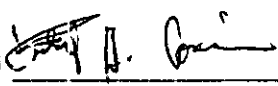
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number UJ - <b>13083</b>	2. Fiscal Year Covered From: <b>01 / 01 / 2004</b> Through: <b>12 / 31 / 2004</b>
3. Name and address of person filing.  Name <b>Froebel Garcia</b>  P.O. Box, Bldg. Room No., if any  Street <b>45-049 Lilipuna Road</b>  City <b>Kaneohe</b>  State <b>Hawaii</b> ZIP Code + 4 <b>96744</b>	4. Name, file number, and address of labor organization.  Name <b>Asbestos Workers AFL-CIO LU 132</b>  Labor Organization File Number <b>054-642</b>  P.O. Box, Building and Room Number, if any <b>206</b>  Street <b>707 Alakea Street</b>  City <b>Honolulu</b>  State <b>Hawaii</b> ZIP Code + 4 <b>96813</b>
5. Position in labor organization. <b>Executive Board Officer</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <b>8/12/03</b> Date	<b>386-6857</b> Telephone Number

Name of Person Filing	Froebel Garcia	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>Asbestos Workers of Hawaii Supplemental Trust</b> Trade Name, if any:  P.O. Box, Bldg, Room No., if any <b>625</b> Street <b>677 Ala Moana Blvd.</b> City <b>Honolulu</b> State <b>HI</b> ZIP Code + 4 <b>96813-5419</b>	9. Business deals with:  XX a. Labor Organization  b. Trust  c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name  Name  Trade Name, if any:  P.O. Box, Bldg. Room No., if any  Street  City  State ZIP Code + 4	11.a. Nature of such dealing.  <b>Labor Trustee for the Supplemental Pension Fund, which is a Taft-Hartley benefit trust. Providing benefits for members. Attending quarterly, annual meeting &amp; conference</b>  11.b. Approximate dollar value of such dealing. <b>See attach</b>  12.a. Nature of interest held or income received.  <b>Educational Conference are to keep up with the latest information regarding laws and way to make improvement. Attending meeting and conference. Food, lodging, airfare and expenses pertaining to business is provided. Meeting - \$206.00 Conference-\$2,871.00</b>  12.b. Amount.
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name **Asbestos Workers of Hawaii Health & Welfare Trust**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **625**Street **677 Ala Moana Blvd.**City **Honolulu**State **HI**ZIP Code + 4 **96813-5419**

## 9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Labor Board of Trustee. Oversee benefits as medical, dental, drug, etc in behalf of the participants. Attends quarterly & annual meeting including educational conference.

## 11.b. Approximate dollar value of such dealing. see attach

## 12.a. Nature of interest held or income received.

Interest is in behalf of the participants too see that improvements are being made and proper procedures are being followed. Food, lodging, airfare and expenses pertaining to business is provided.

Meeting - \$115.00 Conference - \$1,570.00

## 12.b. Amount.

\$1,685.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

## 14.b. Amount of payment.

Name of Person Filing	Froebel Garcia	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Asbestos Workers of Hawaii Supplemental Unemployment Benefits Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 625</p> <p>Street 677 Ala Moana Blvd.</p> <p>City Honolulu</p> <p>State HI ZIP Code + 4 96813-5419</p>	<p>9. Business deals with:</p> <p>XX a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Board of Labor Trustee. To see that contributions received is for the exclusive purpose of providing benefits to participants and defray reasonable expenses of administration.</p>
	<p>11.b. Approximate dollar value of such dealing. see attach</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Attending quarterly &amp; annual meeting</p>
	<p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Froebel, Garcia	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Asbestos Workers Training Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 625</p> <p>Street 677 Ala Moana Blvd.</p> <p>City Honolulu</p> <p>State HI ZIP Code + 4 96813-5419</p>	<p>9. Business deals with:</p> <p>XXa. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Labor Trustee of the Board. To provide Participants in the industry adequate training to be a skilled worker and to defray reasonable expenses of administration cost necessary to obtain employment.</p> <p>11.b. Approximate dollar value of such dealing. See attach</p> <p>12.a. Nature of interest held or income received. Attends quarterly &amp; annual meetings.</p> <p>12.b. Amount. \$4.00</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>

ASBESTOS WORKERS	
Information for LM-30	
Union member:	Garcia, Froebel
Fiscal Year:	1/04 - 12/04

## MEETINGS

FUND	DATE	PLACE	PER PERSON	COMMENTS
SPF	3/4/04	Fisherman's	\$16.96	
	5/14/04	Turtle Bay	\$151.76	
	8/11/04	Fisherman's	\$17.26	
	11/16/04	Fisherman's	\$20.20	
	subtotal		\$206.18	
H&W	3/4/04	Fisherman's	\$9.42	
	5/14/04	Turtle Bay	\$84.28	
	8/11/04	Fisherman's	\$9.58	
	11/16/04	Fisherman's	\$11.22	
	subtotal		\$114.50	
SUB	3/4/04	Fisherman's	\$0.82	
	5/14/04	Turtle Bay	\$7.35	
	8/11/04	Fisherman's	\$0.84	
	11/16/04	Fisherman's	\$0.98	
	subtotal		\$9.99	
Training	3/4/04	Fisherman's	\$0.34	
	5/14/04	Turtle Bay	\$3.01	
	8/11/04	Fisherman's	\$0.34	
	11/16/04	Fisherman's	\$0.40	
	subtotal		\$4.09	
TOTAL			\$334.76	

## CONFERENCES

FUND	DATE	PLACE	PER PERSON	COMMENTS
Pension	5/27-31/04	HUB Conf.	\$1,420.11	
	11/29-12/4/04	50th Annual	\$3,878.60	
	subtotal		\$5,298.71	
SPF	5/27-31/04	HUB Conf.	\$769.57	
	11/29-12/4/04	50th Annual	\$2,101.86	
	subtotal		\$2,871.43	
H&W	5/27-31/04	HUB Conf.	\$420.81	
	11/29-12/4/04	50th Annual	\$1,149.32	
	subtotal		\$1,570.13	
TOTAL			\$9,740.27	

## RECAP

Meetings	\$334.76
Conference	\$9,740.27
TOTAL	\$10,075.03